

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/492 028	FILING DATE						
						APPLICANT(S)							
						83014 CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1		51						
2			1				52						
3			1				53						
4			1		1		54						
5			1		1		55						
6			1		1		56						
7			1		1		57						
8			1		1		58						
9			1		1		59						
10			1		1		60						
11			1		1		61						
12			1		1		62						
13			1		1		63						
14			1		1		64						
15			1		1		65						
16			1		1		66						
17			1		1		67						
18			1		1		68						
19			1		1		69						
20			1		1		70						
21			1		1		71						
22			1		1		72						
23			1		1		73						
24			1		1		74						
25			1		1		75						
26			1		1		76						
27			1		1		77						
28			1		1		78						
29			1		1		79						
30			1		1		80						
31			1		1		81						
32			1		1		82						
33			1		1		83						
34			1		1		84						
35			1		1		85						
36			1		1		86						
37			1		1		87						
38			1		1		88						
39			1		1		89						
40			1		1		90						
41			1		1		91						
42			1		1		92						
43			1		1		93						
44			1		1		94						
45			1		1		95						
46			1		1		96						
47			1		1		97						
48			1		1		98						
49			1		1		99						
50			1		1		100						
TOTAL IND.			1		1		TOTAL IND.						
TOTAL DEP.			4		3		TOTAL DEP.						
TOTAL CLAIMS			5		4		TOTAL CLAIMS						